## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	d on 08 04 2014
Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination
	08 02 2014
Mailing Address P. O. Box 1877	Amount
City State Zip Code	21000.00
Alexandria VA 22313	Transaction ID : SE.5490 Date of Disbursement or Obligation
Purpose of Expenditure online advertising  Category/ Type	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: House District:
Mary Michelle Nunn Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	- 15:
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Other (creeify)
, , ,	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	21000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	21000.00
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Nancy H. Watkins  [Electronically Filed] Date	08 04 2014
Signature	